

11/24/99
jc575 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

jc525 U.S. PTO
09/446164
11/24/99

In re Application of:

Paul S. Germscheid et al.

Serial No.: N/A

Examiner: Unknown

Filing Date: Herewith

Group Art Unit: Unknown

For: METHOD AND APPARATUS FOR A WEB APPLICATION SERVER TO CREATE AN
EMPTY DAT SET IN A REPOSITORY WITH A SPECIFIED DATASET ID

Docket No.: 33012/277/101

TRANSMITTAL SHEET

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EL 522 531 636 US, in an envelope address to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 24th day of November, 1999.

By John L. Rooney
John L. Rooney

We are transmitting herewith the attached Patent Application including the following:

[XXXX] 41 sheet(s) of specification.

[XXXX] 4 sheet(s) of claim(s).

[XXXX] 1 sheet(s) of Abstract.

[XXXX] 14 sheet(s) of drawings.

[XXXX] Executed Declaration and Power of Attorney.

[] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[XXXX] An Assignment of the invention to Unisys Corporation is being filed contemporaneous with this patent application.

[] A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$380		\$760
TOTAL CLAIMS	20-20 =	0	x9=	\$	x18=	\$ 0
INDEPENDENT CLAIMS	4 -3 =	1	x39=	\$	x78=	\$ 78
() MULTIPLE DEPENDENT CLAIM PRESENTED			+130=	\$	+260=	\$ 0
TOTAL			\$		\$838.00	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[XXXX] Other Recordation Form Cover Sheet-Patents Only

[XXXX] Checks in the amounts of \$838.00 and \$40.00 are enclosed.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account 14-0620.

By:

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